

SafeRite System Sydney D. Stanners
BRAND NAME DRUG

FIG 1


PART ONE
(Physician)

PART TWO
(Pharmacist)

PART THREE
(Patient)

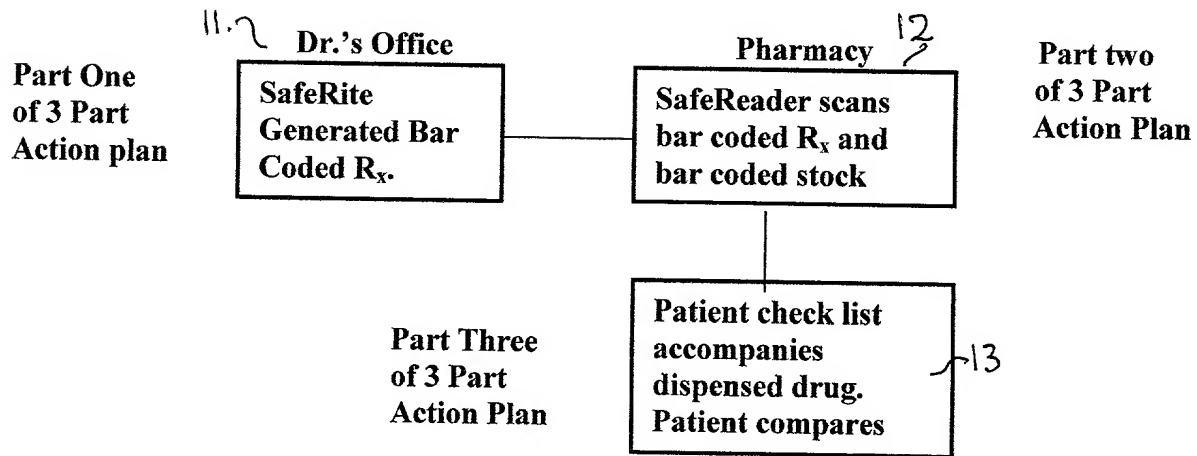
Parts two and three are exclusive design features of the SafeRite SystemTM. These safety features are not found in competing R_x products.

Note:
Parts one, two and three respond to 'The 3 Part action Plan'


<h1>Dr. Get You Better</h1> <p>General Practice Physician Number BC 98765 123 Main Street, Anywhere, BC X0X OXO Phone: (250) 555-1234 Fax: (250) 555-4321</p>	
<p>R_x</p>	<p>Pharmacist initials <input checked="" type="checkbox"/></p>
<p>JOHN Q. DOE - Birth Date: Dec. 25, 1950 4456 Main Street, Anytown, BC XOX OXO PHN: 9999 999 999 Phone: (250) 555-5555</p>	
<p>60 Caps - ZOLOFT 50 mg</p>	
<p>No Substitution</p>	<p>For Depression</p>
<p>Take 1 capsule daily with food</p>	
<p>Refills 1 in 60 days Get U. Better MD</p>	
<p>Date: Jan. 1, 2001 SafeRiteTM Prescription 00789</p>	
<p>SafeRiteTM Prescription 00789</p>	
<p><u>Patient's checklist</u></p>	
<p>60 Caps - Zoloft 50 mg Refills 1 in 60 days</p>	
<p>Dr. Get U Better Prescribed this for JOHN Q. DOE PHN #9999 999 999 Date Jan. 1, 2001</p>	<p>For Treatment of DEPRESSION</p>
<p>Take one capsule daily with food</p>	<p>DESCRIPTION</p> <div style="text-align: center;">  <p>Capsule</p> </div> <p>White/Yellow DIN 01962817</p>
<p>Total number of capsule(s) taken daily -- 1</p>	
<p>Important: Carefully check data in boxes 1 thru 5 of this checklist against your prescription. Remember all details must match</p>	

2000-01-01 14:55:00

FIG 2



GENERIC EQUIVALENTFIG. 3

Dr. Get U. Better © General Practice Physician Number BC 98765 123 Main Street, Anywhere, BC X0X OXO Phone: (250) 555-1234 Fax: (250) 555-4321	
R_x	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Pharmacist Initials </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;"> ✓ </div>
JOHN Q. DOE - Birth Date: Dec. 25, 1950 4456 Main Street, Anytown, BC XOX OXO PHN: 9999 999 999 Phone: (250) 555-5555	
For Depression 60 Caps - ZOLOFT 50 mg Take 1 capsule daily with food	
Refills 1 in 60 days Date: Jan. 1, 2001	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <i>Get U. Better MD</i> </div> SafeRite™ Prescription 00789
<u>Patient's Check List</u> SafeRite™ Prescription 00789 ©	
60 Caps - Zoloft 50 mg Refills 1 in 60 days	
Dr. Get U. Better Prescribed this for JOHN Q. DOE PHN: 9999 999 999 Date: Jan. 1, 2001	<div style="border: 1px solid black; padding: 2px; text-align: center;">1</div>
<div style="border: 1px solid black; padding: 2px; text-align: center;">2</div>	<div style="border: 1px solid black; padding: 2px; text-align: center;">3</div>
<div style="border: 1px solid black; padding: 2px; text-align: center;">5</div>	<div style="border: 1px solid black; padding: 2px; text-align: center;">4</div>
Take one capsule daily with food	Generic Substitution (For Zoloft 50 mg) NOVA SERTRALINE 50 mg Sertraline DESCRIPTION Yellow/white, hard gelatin capsule Imprinted: N50  DIN 02240484
Total number of capsule(s) taken daily = 1	
Important. Carefully check data in boxes 1 thru 5 of this Print-Out against your prescription. <u>Remember all details must match.</u>	

20030207 143600T

GENERIC EQUIVALENT - ATTACHMENT

FIG 4

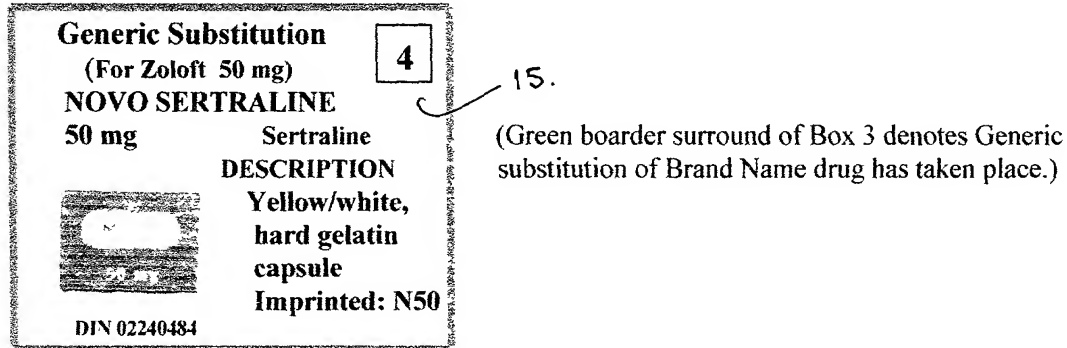
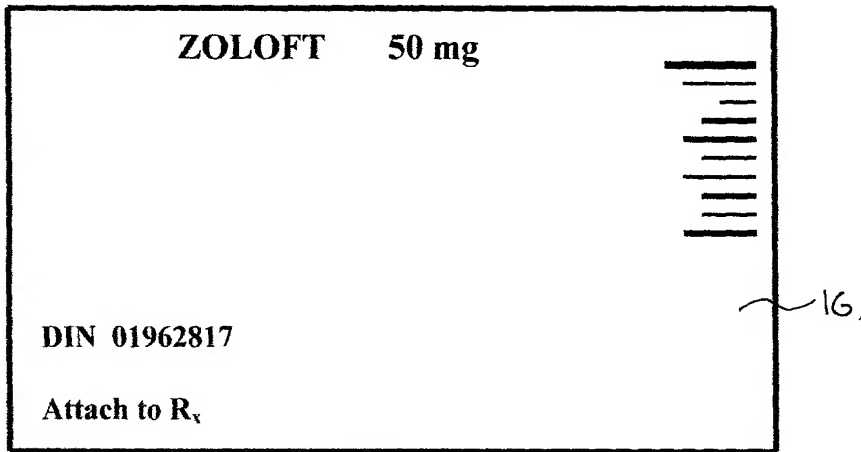


FIG 5 CONVERTING ANY R_x TO A SAFERITE™ TYPE R_x



Not to Scale

Print Outs 14 and 15 are printed on self-adhesive paper

FIG 6

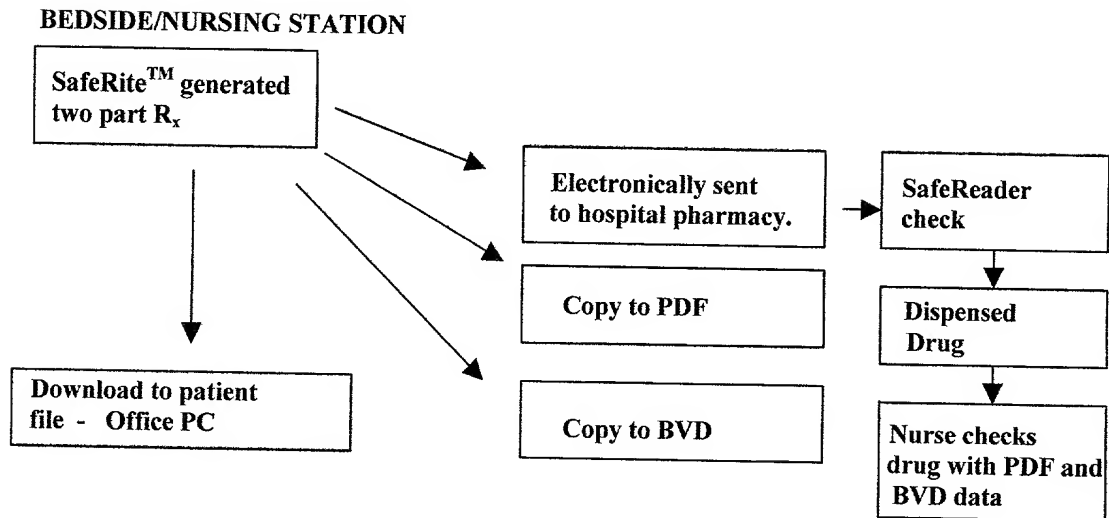
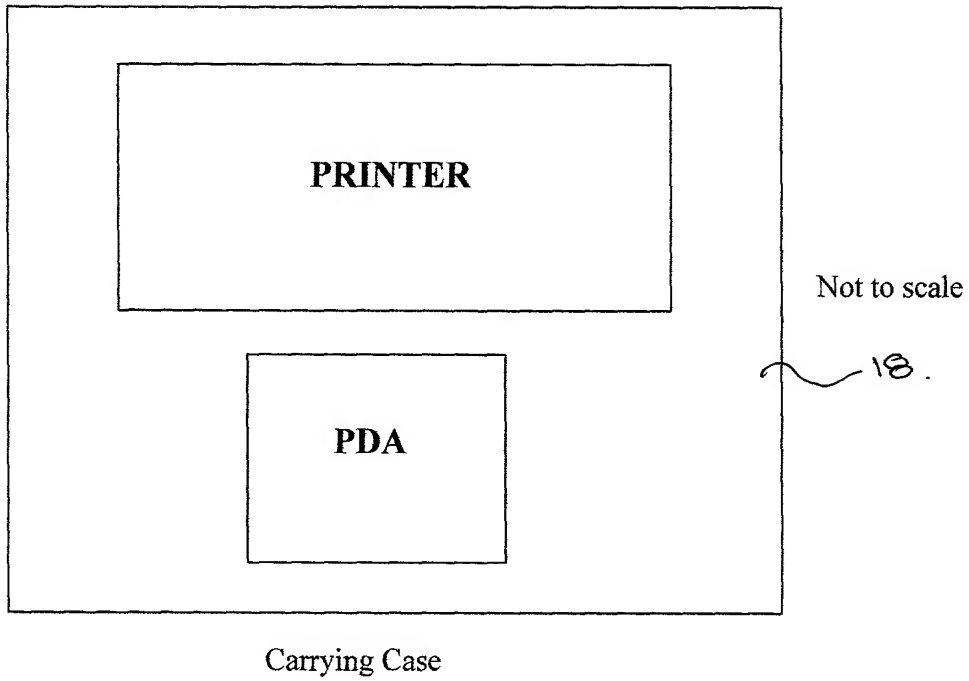
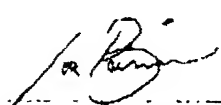
PRESCRIBING IN THE HOSPITAL

FIG 8



20250101 14:55:01

FIG 9

PRESCRIPTION BLANK	
Jose Barrios IPAQ MD iScribe Customer Service Lic No: 02601 DEA Number: 12F410 650 El Comino Road San Carlos, CA 95070 408.77.2561	
<hr/>	
PATIENT <u>Oscar Delahosa</u>	D.O.B. <u>12/08/1975</u>
ADDRESS _____	DATE <u>04/06/2001</u>
<div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 10px 0;">Rx</div>	
Vicodin 500 mg-5 mg Tablet	
Qty: 60	
Sig: 1 tab(s) orally q4-6h as needed for pain	
REFILL <u>1</u> TIMES	
<div style="text-align: right;"></div>	
<hr/>	
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d w" IN THE BOX BELOW	
<div style="border: 1px solid black; width: 150px; height: 80px; margin: 10px auto;"></div>	
SUBSTITUTION PERMISSIBLE	

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Competitive R_x products – such as iScribes (above) and Firekey, formerly Notre (below)-print a computer checked R_x, meeting part One of the 3 Part Action Plan, but lack the design features- present in SafeRite's R_x, – necessary to meets all parts of the 3 Part Action Plan.

Firekey inc. (sample prescription)

FIG 10

MARK R GREEN, MD
27 NORTH THIRD STREET
PHILADELPHIA, PA 19106
(215) 592-6680

VOID

KATHERINE J PAPPAS
1401 WALNUT ST. #1520
PHILADELPHIA, PA 19106

Age 31 03/17/2000

AMOXICILLIN 250mg #30
(AMOXICILLIN)

SIG: I CAPS Q8H
TAKE UNTIL GONE

Refill x 0

DAW: No

NOT A VALID RX

MARK R GREEN, MD

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